

Family Planning Agency Fee Schedule

Updated January 1, 2013

Procedure Code	Modifier	Description	Rate
11975	FP	Insertion, implantable contraceptive capsules (Discontinued 12/31/2011)	
11976	FP	Removal, implantable contraceptive capsules	\$87.91*
11977	FP	Removal with reinsertion, implantable contraceptive capsules (Discontinued 12/31/2011)	
54050		Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; chemical	\$78.12*
54055		Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; electrodesiccation	\$74.66*
54056		Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; cryosurgery	\$81.48*
54057		Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; laser	\$71.81*
54060		Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), simple; surgical excision	\$121.18*
54065		Destruction of lesion(s); penis (e.g. condyloma, papilloma, molluscum contagiousum, herpetic vesicle), extensive; (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$139.32*
56501		Destruction of lesion(s) vulva; simple (laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$79.25*
56515		Destruction of lesion(s); vulva; extensive (e.g. laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$138.60*
56605		Biopsy of vulva or perineum (separate procedure); one lesion	\$51.25*
56606		Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to the 56605 billing code for primary procedure.)	\$23.77*
56820		Colposcopy of the vulva;	\$68.06*
56821		Colposcopy of the vulva; with biopsy(s)	\$91.16*
57061		Destruction of vaginal lesion(s); simple (laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$68.87*
57065		Destruction of vaginal lesion(s); extensive (laser surgery, electrosurgery, cryosurgery, chemosurgery)	\$117.82*
57170	FP	Diaphragm or cervical cap fitting with instructions	46.18*
57452		Colposcopy of the cervix including upper/adjacent vagina	\$67.39*
57454		Colposcopy with biopsy(s) of the cervix and endocervical curettage	\$95.67*
57500		Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$80.03*
57511		Cautery of cervix; electro or thermal; cryocautery, initial or repeat	\$88.98*
58100		Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$67.91*
58110		Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure) [Use 58110 in conjunction with 57452-57454.]	\$30.48*
58300	FP	Insertion of intrauterine device (IUD)	\$43.27*

Procedure Code	Modifier	Description	Rate
81025	FP	Urine pregnancy test, by visual color comparison methods	\$8.00*
85018		Hemoglobin (Hgb)(To bill this code providers must have their current CLIA-waiver certificates on file with MaineCare and update their provider enrollment with the Department.)	\$2.34*
86703		HIV-1 and HIV-2, single assay (ex. Oraquick Advance Rapid ½. (If positive result, providers must recommend Western Blot confirmatory testing and collect a sample, blood or saliva, during the same encounter to send to an outside professional lab for testing. Prepaid Kits to collect the sample are to be purchased from the Maine Center for Disease Control and Prevention, Health and Environmental Testing Laboratory in accordance with MaineCare Benefits Manual, Section 90.04-24).	\$14.52*
87086		Culture, bacterial; quantitative colony count, urine (To bill this code providers must have their current CLIA-waiver certificates on file with MaineCare and update their provider enrollment with the Department.)	\$5.98*
87210		Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types; wet mount for infectious agents (e.g. saline, India ink, KOH preps)	\$5.76*
90636		Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage for intramuscular use (If under eighteen (18) years of age, “Vaccines For Children” program must be used for this service and documented. If under age twenty-one (21) all MaineCare Benefits Manual, Section 94, Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) requirements for this service must be met and documented.	\$110.64*
99201	**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend ten (10) minutes face-to-face with the patient and/or family. (Physician assistants and nurse practitioners may also perform these services within the scope of their licensure.)	\$23.91*
99202	**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3)key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend twenty (20) minutes face-to-face with the patient and/or family.	\$41.55*
99203	**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient’s and/or family’s needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend thirty (30) minutes face-to-face with the patient and/or family.	\$60.20*

Procedure Code	Modifier	Description	Rate
99204	**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend forty-five (45) minutes face-to-face with the patient and/or family.	\$93.60*
99205	**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend sixty (60) minutes face-to-face with the patient and/or family.	\$118.41*
99211	**	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five (5) minutes are spent performing or supervising these services.	\$13.17*
99212	**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend ten (10) minutes face-to-face with the patient and/or family.	\$24.14*
99213	**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend fifteen (15) minutes face-to-face with the patient and/or family.	\$40.51*
99214	**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend twenty-five (25) minutes face-to-face with the patient and/or family.	\$61.05*

Procedure Code	Modifier	Description	Rate
99215	**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend forty (40) minutes face-to-face with the patient and/or family.	\$82.60*
99384	**	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent (age 12 through 17 years). (All providers of these services must meet all MaineCare Benefits Manual, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)	\$62.06*
99385	**	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent age 18-39 years. (All providers of these services must meet all MaineCare Benefits Manual, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)	\$61.43*
99386	**	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent (age 40-64)	\$63.32*
99387	**	Initial comprehensive preventative medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient, adolescent (65 years and older)	\$65.89*
99394	**	Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory diagnostic procedures, established patient; adolescent (age 12 through 17 years). (All providers of these services must meet all MaineCare Benefits Manual, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)	\$58.37*
99395	**	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; age 18-39 years. (All providers of these services must meet all MaineCare Benefits Manual, Section 94 Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) periodicity requirements for MaineCare members up to their twenty-first (21) birthday.)	\$58.74*

Procedure Code	Modifier	Description	Rate
99396	**	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of appropriate laboratory/diagnostic procedures, established patient; 40-64 years	\$58.74*
99397	**	Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory diagnostic procedures, established patient; adolescent (65 years and older)	\$58.74*
99401	**	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes (Family planning professionals and other qualified staff may provide.)	\$6.15*
99402	**	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes (Family planning professionals and other qualified staff may provide.)	\$27.05*
99403	**	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes (Family planning professionals and other qualified staff may provide.)	\$12.29*
A4266	FP	Diaphragm for contraceptive use	\$21.48
A4267	FP	Contraceptive supply, condom, male, each	\$0.65
A4268	FP	Contraceptive supply, condom, female, each	\$2.10
A4269	FP	Contraceptive supply, spermicide (e.g., foam, gel) each	\$8.60
J1050	FP	Injection, medroxyprogesterone acetate, 1 mg (Depo-Provera)	\$.20*
J1055	FP	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (Depo-Provera) (This code was discontinued on 12/31/2012 and replaced with J1050).	
J7300	FP	Intrauterine copper contraceptive (Paragard T3880A)	\$600.00*
J7302	FP	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	\$716.00*
J7303	FP	Contraceptive Supply, hormone containing vaginal ring, each	\$41.78
J7304	FP	Contraceptive Supply, hormone containing patch, each	\$14.78
J7307	FP	Etonogestrel (contraceptive) implant system, including implant and supplies (Implanon)	\$588.38
S4993	FP	Contraceptive pills for birth control	\$12.40

* Please note: Family Planning agencies will be reimbursed at the same fee for service rates as other providers of these services, for example, Section 90, Physician Services and Section 55, Laboratory Services.

** Apply FP modifier if visit is only to prevent or delay pregnancy or to otherwise control family size